DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435106	A. BUILDING _____ B. WING _____	04/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY WAGNER	515 W HWY 46 WAGNER, SD 57380

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Surveyor: 26632 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 4/4/22 through 4/6/22. Good Samaritan Society Wagner was found not in compliance with the following requirements: F584 and F695. Good Samaritan Society Wagner's vaccination program was reviewed for compliance with the Centers for Medicare and Medicaid (CMS) Quality, Safety and Oversight (QSO) memorandum QSO-22-09-ALL, dated January 14, 2022, from 4/4/22 through 4/6/22. Good Samaritan Society Wagner was found in compliance.	F 000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7305 of the State Operations Manual.	
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584	By 5/25/2022 all identified walls and rooms (104A, 105 A&B, 106 A&B, 107 A&B, 108B and 110A) will have re-touched paint or a complete re-paint and repair. Damaged doors in the 200 wing, 300 wing, and 400 wing have been identified and categorized as high, medium, and low priority for replacement, or repairs respectively. New replacement doors were ordered on 4/28/2022 and have a 16 week lead time for arrival. New doors will be installed upon arrival. Doors prioritized as medium to low priority will have plastic protector panels installed. All residents have a potential to be effected by deficient practice. By 5/25/2022, Environmental service director or designee will inspect rooms on 200,300, and 400 wing and complete paint touch-up as needed. To ensure the deficient practice will not recur, one hallway/wing per month will be inspected by environment services director or designee for paint and door damage.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Whitney Podzimek

TITLE
Administrator

(X6) DATE
4/29/2022

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APR 29 2022

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F 584	Continued From page 1 §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on observation, interview, and review of the resident rights handbook, the provider failed to ensure: *The surface of the hall room doors and bathroom doors on the 200, 300, and 400 halls were maintained in a safe and homelike manner. *The walls in six of eleven resident rooms on the 100 hallway resident living area had been maintained in a manner that was homelike. Findings include: 1. Observation on 4/4/22 from 3:30 p.m. to 4:30 p.m., 4/5/22 from 8:00 a.m. through 11:30 a.m., and from 4/6/22 from 9:00 a.m. through 12:00 p.m. of the 200, 300, and 400 halls room doors	F 584	Necessary rooms will have paint and/or door damage repairs completed accordingly. By 5/6/2022 Administrator will educate housekeeping staff and CNAs on how to complete work order requests for room repairs.Administrator or designee will audit by observation 1 hallway for condition of doors and paint, interview 3 staff for understanding of work order process. Audits will occur monthly x 3 and quarterly x 1. Administrator or designee will report audit findings to QAPI committee monthly, and the committee will determine ongoing monitoring and interventions. Substantial compliance will be achieved by 5/25/2022.	5/25/2022

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F 584	Continued From page 2	F 584		

and bathroom doors revealed:
*The room doors on the 200 hall had a hard plastic protector panel on the lower one-third of each door.
-That protector did not cover an approximate two inch area on the bottom and sides.
-The unprotected areas of the doors had varying sizes of scratches and gouges.
-The bathroom doors did not have the protector panel and had more scratches and gouges. There was one bathroom door that had a hole in it.
*The room and bathroom doors on the 300 and 400 halls did not have the plastic protector panels. Those doors also had varying amounts of scratches and gouges on both the front, sides, and back of the doors.
*Those damaged areas could have caused splinters, skin tears, or lacerations if a resident had come in contact with those areas.

Interview on 4/6/22 at 3:30 p.m. with administrator A, director of nursing B, and maintenance supervisor F, revealed:
*They were aware of the condition of the room and bathroom doors.
*There was no plan for the repair or replacement of the doors.
Surveyor: 40788
2. Observations on 4/4/22 between 3:00 p.m. and 5:45 p.m. of the walls in residents' rooms on the 100 hallway revealed:
*Patches of white scratch marks on the walls approximately twelve inches by twelve inches underneath colored paint on:
-The west wall of room 104-A beside the bed.
-The west wall in room 105-A near the headboard of the bed.
-The west wall in room 105-B near the positioning

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F 584	Continued From page 3	F 584		

bar.
-The south wall in room 106-A near the positioning bar.
-The east and west walls in room 106-B which was currently unoccupied.
-The north wall of room 107-A near the positioning bar and the east wall near the headboard.
-The south wall of room 107-B near the headboard and the east wall beside the bed.
-The south wall of room 108-B near the positioning bar.
-The east wall of room 110-A near the positioning bar and beside the lower-left corner of the window on the north wall.

Observation inside one of the above resident's rooms and interview on 4/6/22 at 12:45 p.m. with maintenance director F revealed:
*She confirmed the above findings.
*A room maintenance checklist was completed every six months for each resident room.
-That checklist included an evaluation of the room walls.
*She stated most of the wall scratches were due to positioning bars and headboards coming into contact with the walls when beds were moved by either residents or staff.
*A metal guard had been attached to the base and side of a few resident beds to see if that would reduce the positioning bar from contacting the wall but that did not work.
-No other interventions had been tried.
*She had not touched up the paint in resident rooms for at least four months.

Review of the November 2016 Resident's Rights for Skilled Nursing Facilities handbook revealed on page 11 (h) (4): "The resident has a right to a

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F 584	Continued From page 4 safe, clean, comfortable and homelike environment."	F 584		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Surveyor: 40788 Based on observation, interview, record review, nurse progress notes, personnel record review, and policy review, the provider failed to follow: *A physician's order for continuous oxygen administration for one of one sampled resident (144). *A physician's order to keep one of one sampled resident's (144) oxygen saturation level between 90-94%. Findings include: 1. Review of resident 144's care record revealed: *He was admitted on 3/24/22. *His diagnoses included acute on chronic congestive heart failure, pleural effusion, diabetes, and peripheral vascular disease. *He required a daily diuretic medication to manage extra fluid accumulation that impacted his ability to breath. *A 3/30/22 physician's order for continuous oxygen; titrate to keep oxygen saturations	F 695	Resident 144s nasal packing was removed that same day 4/5/2022. Staff switched to the tank that was able to deliver appropriate amount of oxygen (from the personal portable tank to the oxygen cylinder) on 4/5/2022 and resident oxygen levels were sustained. Investigation shows 5 additional residents who have the potential to be affected. On 4/29/2022, all were assessed and found to have O2 saturations in the acceptable range and all residents that require mobile oxygen have an appropriate device to deliver sufficient supplemental oxygen care. To prevent recurrence, should a resident have a nasal obstruction, the facility will consult with physician and obtain orders for acceptable O2 range, time O2 can be off during meals. Staff will monitor oxygen while resident is eating and re-apply the mask when needed throughout the meal. By 05/06/2022 DNS will educate CNAs on utilizing the proper tank and asking a nurse if there is uncertainty about a resident's oxygen requirements. By 5/06/2022 DNS will educate on nurses on expectation for O2 sat monitoring and interventions in the event resident has a nasal obstruction and needs continuous O2. DNS or Designee will monitor 4 residents with supplemental oxygen needs to ensure O2 sat remains in ordered range and proper equipment is used. Audit will weekly x 2, every other week x 2, and monthly x 1. DNS or designee will report audit findings to the QAPI committee monthly, and the committee will determine ongoing monitoring and to interventions. Substantial compliance will be achieved by 5/25/2022.	5/25/2022

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F 695	Continued From page 5	F 695		

between 90-94%. May use a mask and/or mask and nasal cannula combination as needed to keep sats (saturations) greater than 90%.

Review of resident 144's 4/1/22 through 4/5/22 treatment administration record revealed he required on average 6 to 7 liters of oxygen to keep his oxygen saturation level greater than 90%.

Observation on 4/5/22 at 8:34 a.m. in resident 144's room revealed he was in bed and his oxygen was administered by a mask.

Continued observation and interview at 8:40 a.m. on that same date with certified nurse aide (CNA) C in resident 144's room revealed she:
*Confirmed the resident's oxygen concentrator was set to deliver 9.5 liters of oxygen by mask at that time.
*Provided the resident peri-care then assisted him to sit at the edge of his bed.
-Removed his oxygen mask and used a mechanical lift to transfer him to a bedside commode.
*Without returning the oxygen mask to his face she exited the room for approximately five minutes to allow him to use the commode then returned to complete peri-care, assist him with hand and face washing, dressing, and transfer him to his wheelchair.
*He was then transported to the dining room without his oxygen.
-A portable oxygen device was available to use and located on the back of his wheelchair.

Observation at 9:28 a.m. in the dining room revealed he sat alone with his chin to his chest and was not receiving any supplemental oxygen.

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F 695	Continued From page 6 Observation on 4/5/22 at 9:40 a.m. revealed CNA C transported resident 144 from the dining room back to his room without supplemental oxygen. She reapplied the oxygen mask to receive the supplemental oxygen after she had returned him to his room. Interview on 4/6/22 at 9:05 a.m. with CNA C regarding the above observations revealed she: *Was aware the resident required continuous supplemental oxygen. *Stated the resident had something placed in his left nostril on 4/2/22 due to an uncontrolled nose bleed. -Did not think he could use a nasal cannula to receive oxygen because of that. *Had not thought to discuss that situation with a nurse. 2. Observation and interview on 4/5/22 at 2:15 p.m. with registered nurse (RN) E in resident 144's room revealed: *The resident required between 5 and 10 liters of continuous oxygen to keep his oxygen saturation levels between above 90%. -Oxygen saturation levels were checked at regular intervals throughout the day and his oxygen rate was adjusted based on those saturation readings. *A personal portable oxygen device on the back of the resident's wheelchair was only able to deliver up to 5 liters of oxygen. *An oxygen cylinder capable of administering up to 10 liters was available and able to be secured to the back of the resident's wheelchair when he was outside of his room. *The resident's current oxygen saturation level was 95% on 9.5 liters of oxygen.	F 695		

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F 695	Continued From page 7 *He confirmed an oxygen mask worked best at this time for the resident because of the packing in his left nostril. Observation and interview on 4/5/22 at 5:45 p.m. with CNA D and RN E in the dining room with resident 144 revealed: *His personal portable oxygen device delivered 5 liters of oxygen to him via a nasal cannula. *His oxygen saturation level was checked at the surveyor's request and fluctuated between 81% and 88%. *RN E agreed 5 liters of oxygen was not sufficient to keep his saturation greater than 90%. -An oxygen cylinder was needed to keep the resident's saturations above 90% as ordered. Observation on 4/6/22 at 8:40 a.m. and at 12:40 p.m. of resident 144 revealed he: *Was leaving for an appointment wearing a nasal cannula and receiving 7 liters of oxygen from an oxygen cylinder. -His oxygen saturation was 93%. *He returned from that appointment on the same amount of oxygen and his oxygen saturation was between 94% and 96%. Review of CNA C, CNA D, and RN Es' training records revealed they had received oxygen safety, handling, and usage education within the past year. Interview on 4/6/22 with director of nursing B regarding resident 144's oxygen use revealed she: *Confirmed the resident had not received continuous oxygen as ordered between 8:40 a.m. and 9:40 a.m. on 4/5/22. -Expected CNA C and CNA D had discussed with	F 695		

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F 695	Continued From page 8 RN E any questions they had regarding the resident's oxygen needs and oxygen delivery. *Confirmed the resident had been requiring greater than 5 liters of oxygen to keep his oxygen saturation level within the parameters ordered by his medical provider. -The oxygen device on the back of his wheelchair was incapable of meeting his current oxygen needs and an oxygen cylinder should have been used. Review of the provider's 5/19/21 Oxygen Administration, Safety, Mask Types-Rehab/Skilled Therapy and Rehab policy revealed: "Oxygen administration is carried out only with a medical provider order. A licensed nurse or other employee trained according to state regulations in the use of oxygen will be on duty and is responsible for the proper administration of oxygen to the resident."	F 695		

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E 000	Initial Comments Surveyor: 26632 A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care Facilities was conducted from 4/4/22 through 4/6/22. Good Samaritan Society Wagner and was found in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Whitney Podzimek
TITLE: Administrator
(X6) DATE: 4/29/2022

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K 000	INITIAL COMMENTS Surveyor: 40506 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 4/5/22. Good Samaritan Society Wagner was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Whitney Podzimek
TITLE: Administrator
(X6) DATE: 4/29/2022

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APR 29 2022
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South Dakota Department of Health

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S 000	Compliance/Noncompliance Statement Surveyor: 40506 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 4/4/22 through 4/6/22. Good Samaritan Society Wagner was found in compliance.	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Whitney Podzimek

TITLE
Administrator

(X6) DATE
4/29/2022

STATE FORM 6899 OC8G11 If continuation sheet 1 of 1